

POLICY AND COMMUNICATIONS BULLETIN

THE CLINICAL CENTER

Medical Administrative Series

M94-6 (rev.)

16 June 1999

MANUAL TRANSMITTAL SHEET

SUBJECT: Organ and Tissue Donations

1. Explanation of Material Transmitted: This issuance transmits an updated and revised Clinical Center policy on the donation of organs and tissues (including corneas) by CC patients. The policy was reviewed by the Medical Executive Committee on 15 June 1999 and approved with changes. The WRTC is available 24 hours a day to answer questions, including contraindications for donation.
2. Material Superseded: MAS No. M94-6 (rev.), dated 7 October 1997
3. Filing Instructions: "Other" Section

Remove: No. M94-6 (rev.), dated 7 October 1997

Insert: No. M94-6 (rev.), dated 16 June 1999

DISTRIBUTION

Physicians, Dentists and Other Practitioners Participating in Patient Care

POLICY AND COMMUNICATIONS BULLETIN

THE CLINICAL CENTER

Medical Administrative Series

M94-6 (rev.)

16 October 1999

SUBJECT: Organ and Tissue Donations

PURPOSE

To set forth the Clinical Center's policy concerning the donation of organs and/or tissues by CC patients.

POLICY

The Clinical Center will cooperate with the Washington Regional Transplant Consortium in evaluating potential organ and/or tissue donors and coordinating the retrieval of suitable organs or tissues for transplantation.

BACKGROUND

The Washington Regional Transplant Consortium (WRTC) was formed to maximize opportunities for the recovery and transplantation of organs and/or tissues from suitable donors in the Washington DC area. Examples of organs and tissues needed by the WRTC include: heart, lung, kidney, liver, pancreas, bone marrow, small intestine, connective tissue, cardiovascular structures, and skin. The WRTC works in cooperation with the Lions Eye Bank of Maryland to facilitate cornea transplants.

All patients under 75 years of age who have suffered irreversible brain injury resulting in brain death (e.g., open or closed head trauma, stroke, intracranial hemorrhage, primary brain tumor without metastasis, or any condition causing cerebral anoxia such as drug overdose, smoke inhalation, or prolonged cardiac arrest) may be considered for organ donation. All deceased patients are candidates for tissue donation.

Many CC patients have diseases that might exclude them for organ or tissue donations; however, the criteria for donation are constantly being evaluated and revised. Therefore, the WRTC is available 24 hours a day to answer questions, including contraindications for donation. Institute and CC personnel should be aware of the WRTC program to insure the best possible use of these valuable and limited resources. Discussion of organ, tissue, and/or cornea donation should be conducted by the physician

with patients and/or families, when appropriate. The patient's primary or attending physician, or designee, may contact the WRTC at any time whenever a patient requests additional information, would like to be identified as a potential organ and/or tissue donor, or the physician believes that the patient may be an appropriate organ/tissue donor. When patients consent to organ donation prior to death, documentation of this discussion should be recorded in the progress notes by the physician.

PROCEDURE

The attending or primary physician, or designee, should contact the WRTC in any instance in which the physician believes the patient may be a candidate for organ or tissue donation. At a minimum, for every CC patient death, the Admissions Office will contact the WRTC immediately upon notification of the death. The WRTC will contact the responsible physician to obtain preliminary information to assess the potential for organ and/or tissue donation.

Note: For organ donation, the WRTC must be notified prior to cessation of mechanical ventilation.

If a CC patient is considered to be a potential candidate for organ and/or tissue donation, the WRTC Recovery Coordinator will go directly to the inpatient nursing unit, evaluate the immediate situation via a quick chart review and verbal information from the physician, nurse, social worker, or pastoral care staff attending the potential donor and family. The WRTC Coordinator will offer the next-of-kin or person responsible for the body the option to donate organ(s). The organ donation consent form must be signed by the next-of-kin and witnessed by two persons. The original copy of the form is placed in the patient's chart and the other is retained by the WRTC Recovery Coordinator. If the next-of-kin is unavailable, consent may be obtained by a handwritten note, by telegram, or by a recorded and witnessed telephone conversation. In addition, an autopsy is required on all tissue donors to rule out the possible transmission of diseases to recipients. This consent, and any other death papers involving the family's signature, should be discussed together. Organ and/or tissue procurement should be documented in the medical record by the primary physician and the WRTC Coordinator when the process is completed.

Once consent is obtained, the WRTC Recovery Coordinator will implement the appropriate orders and procedures as described in the Organ and Tissue Recovery Resource Manual.

If a CC patient is considered to be a potential candidate for cornea donation only, the WRTC Recovery Coordinator will notify the Lions Eye Bank. The Lions Eye Bank Coordinator will call or may go directly to the nursing unit to determine the appropriateness of cornea donation. If cornea donation is arranged, the Lions Eye Bank Coordinator will acquire the cornea within seven hours from the time of death.

Implementation of the necessary procedures for organ/tissue/ cornea procurement will follow the guidelines described in the WRTC Resource Manual. Copies of this manual are maintained in the Outpatient Department Admissions Office and the CC Office of the Director.

Since patients donating organs will have already been declared legally dead by a CC physician prior to organ/tissue procurement, Clinical Center credentialing of WRTC personnel is not necessary. WRTC personnel who are to work in the operating room and/or other areas of the Clinical Center shall identify themselves to the Chief, Surgical Services Department, the Administrator on call, or his/her representative.